

BAY AREA RAPID TRANSIT DISTRICT

PAYROLL DIRECT DEPOSIT REQUEST FORM

Employee Name: _____

Employee Identification Number: _____

I hereby authorize the San Francisco Bay Area Rapid Transit District, and the depository (bank, credit union, etc.) named below, to deposit my payroll checks into my account at the depository shown below, and to make any adjustments necessary to any entry made in error to such account. Any correction necessary for payment made in error which cannot be adjusted in the current pay period will be adjusted in full on the next following pay period's direct deposit subsequent to written notification to payroll. If a correction for underpayment is not made in the next following pay period's direct deposit, The District will make the correction as follows: for shortages above \$50.00, payroll shall correct the shortage and cause a check to be available within three (3) accounting work days after receipt of written notification; for shortages of \$50.00 or less, the shortage shall be added to the next pay period's direct deposit. If any adjustment for overpayment is necessary and exceeds any amount specified in the applicable collective bargaining agreement that may be deducted for any overpayment, I hereby authorize The District to make any such adjustment/wage deduction. If repayment of the entire amount of the overpayment in a lump sum would cause a hardship, I may request development of a reasonable repayment schedule through human resources, which may not be unreasonably denied.

I understand that The District does not guarantee timely availability of deposits.

The Following Paragraph Applies To Salaried Employees Only:

I understand that by participating in the direct deposit program, I am authorizing all payment exceptions (i.e. overtime payments, shift differential, etc.) which are due to me in my regularly scheduled work time for a given pay period are to be deferred for processing until the next following pay period. If through error or omissions these exceptions are paid incorrectly, adjustments will be handled as provided above.

Direct Deposit Account #1	SELECT ONE	DEPOSITORY NAME	<input checked="" type="checkbox"/> Deposit Balance of Pay Check
	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

☐ PLEASE SECURELY ATTACH A VOIDED CHECK (OR BANK AUTHORIZATION) FOR THIS ACCOUNT

(Optional) Direct Deposit Account #2	SELECT ONE	DEPOSITORY NAME	SELECT ONE
	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Flat Amount of \$ _____ Percentage = _____ %	<input type="checkbox"/> NONE <input type="checkbox"/> Deposit A Flat Amount <input type="checkbox"/> Deposit A Percentage of Net Pay

☐ PLEASE SECURELY ATTACH A VOIDED CHECK (OR BANK AUTHORIZATION) FOR THIS ACCOUNT

This request supercedes, voids and cancels any direct deposit authorization previously submitted.

Employee Signature

Date Signed

CANCELLATION OF DIRECT DEPOSIT

I HEREBY CANCEL MY DIRECT DEPOSIT AUTHORIZATION PREVIOUSLY GIVEN.

Employee Signature

Date Signed

(Please make sure printed name and employee number appear at the top of this form.)

